

Supporting Intersex Children, Adolescents & their Families

Guidance for Behavioral Health Providers



What's in this guide?

- Core terms and definitions
- Intersectionality and overlapping lived experiences
- Legal protections and human rights
- Bias, stigma, and discrimination impacts
- Creating inclusive, safer care environments
- Respectful, affirming communication guidance
- Equity-focused organizational best practices
- Real stories and lived experiences
- Support for families and caregivers
- Tools, resources, next steps

Purpose

This guide aims to equip behavioral health providers with the knowledge and tools to offer affirming, trauma-informed support to children and adolescents with intersex variations, and their families. It addresses the stigma, medical harms, and systemic challenges that individuals with intersex variations often face, while emphasizing the importance of informed consent and family acceptance. By centering lived experiences and evidence-based practices, the guide promotes dignity, resilience, and well-being for people with intersex variations.

Terminology Used in This Guidance

Language evolves quickly and advocates, parents, medical providers, and individuals with intersex variations may all use different terminology related to these variations. See the section on “Core Practices on Language” for a discussion on terminology used as of the writing of this document, with the understanding that nomenclature will continue to evolve. Note that in this guidance we use the terms “variations in sex characteristics” and “intersex variations” interchangeably.

Acknowledgements

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Julie Kruse, MEd (she/her), lead author, served as Senior Advisor for LGBTQI+ Initiatives at the HHS Administration for Children and Families. Julie has also worked with and advocated for LGBTQIA2S+, immigrant, and economically disadvantaged children and youth at Family Equality, Immigration Equality and Chicago Women in Trades.

Sam Sharpe, PhD (they/them) is a biologist, educator, and peer support advocate. They served as a 2023–2024 ORISE Fellow with the Office of the Assistant Secretary for Health focusing on intersex health policy. Sam earned their Doctorate in Evolutionary Biology from Kansas State University where they are now a Teaching Instructor in Biology and Gender Studies.

Harper Jean Tobin, MSSA, JD (she/her) led the policy team at the National Center for Transgender Equality for over a decade; has consulted for numerous queer, trans, intersex, and feminist organizations in the United States; and now serves as Community Resilience Project Director for Toronto's The 519 Community Centre.

Dr. Bonnie Scranton, DSW, LCSW (she/her) is a psychotherapist, sex educator, and researcher. She is a Family Support Clinician at Connecticut Children's Medical Center's GUPPE Program and maintains a private psychotherapy practice. Bonnie earned her Doctorate in Social Work from the University of Pennsylvania, where her research focused on peer support to enhance the wellbeing of families of children with variations in sex characteristics (VSC).

We are profoundly grateful for the experience, rigor, and heart each of you brought to this work. Your contributions have strengthened this document and the broader effort to build affirming, evidence-informed behavioral health care for intersex youth and their families.





Introduction

The estimated 5.6 million people with intersex variations in the United States “deserve to live happy and fulfilling lives free from stigma and discrimination.”[1] However, the silence and stigma that have long surrounded intersex variations contribute to intersex individuals’ increased risk of facing rejection, hostility and neglect in home, institutional, health and education settings.[2] Lack of familiarity, misinformation, and anticipated stigma regarding their child’s intersex variation can cause stress and fear among parents, making it more difficult to make informed decisions about their child’s medical care and support their health and wellbeing. [3]

The stigma associated with others treating intersex individuals’ variations as a shameful problem, rather than a natural part of human diversity - as well as the trauma resulting from nonconsensual, medically unnecessary surgeries many intersex infants have been subjected to - have contributed to higher rates of depression, mood disorders, and suicidal ideation among children, youth, and adults with intersex variations. Behavioral health providers can play a critical role in improving the well-being and outcomes of children and youth with intersex variations by providing non-stigmatizing care, supports and services, accurate information, and needed family and peer supports. When people with intersex variations are affirmed and receive high-quality services, they can thrive.

Overview of Intersex Variations

Intersex variations occur for approximately 1.7% of the population and are a natural component of human diversity. Intersex refers to naturally occurring variations in sex characteristics or reproductive anatomy. Sex characteristics include physical traits such as chromosomes, external and internal genital structures, and sex hormone production/response – which are present from birth. Sex characteristics also include secondary sex characteristics which develop or are identified during puberty. Variations in these sex characteristics, or intersex variations, are most commonly identified prenatally, at birth, or with an unexpected or absent puberty, but may also be identified throughout childhood. Some people learn of their variation as adults while seeking reproductive or other health care.[5]

The term intersex is distinct from and not synonymous with the terms transgender or nonbinary. Transgender refers to people whose gender identity (e.g. man, woman, nonbinary) does not align with their sex assigned at birth. Intersex refers to people born with variations in sex characteristics. Like all other children, youth and adults, individuals with intersex variations (also known as variations in sex characteristics) may have any gender identity.



Core Practices on Language

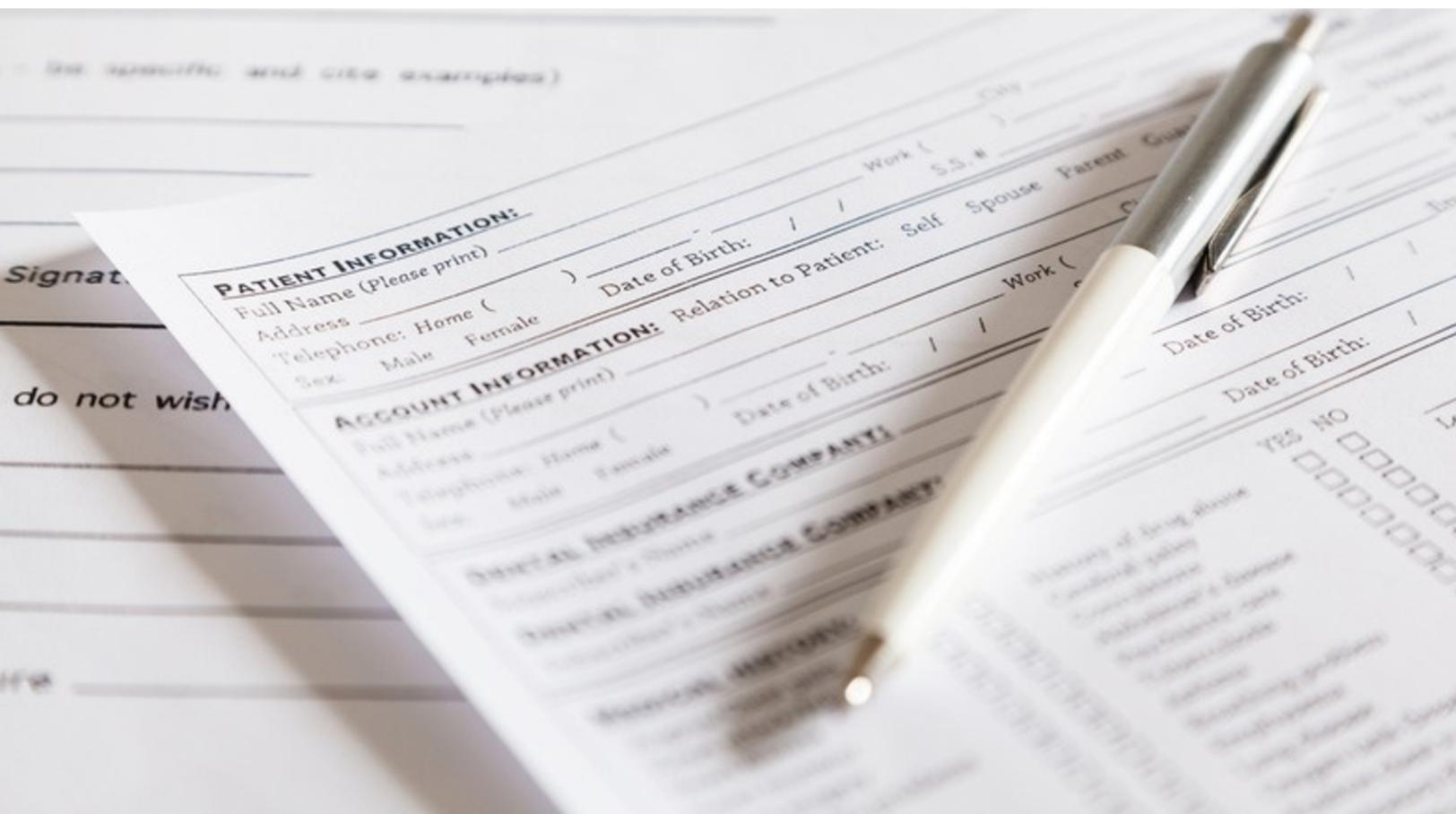
- Understand that many people with intersex variations do not use or feel represented by the term “intersex”; use inclusive language such as “person with intersex variations” or “person with variations in sex characteristics.”
- Some people with intersex variations prefer to use the specific name of their variation. For a list of and descriptions of specific variations, please see <https://interactadvocates.org/wp-content/uploads/2022/10/Intersex-Variations-Glossary.pdf>.
- Mirror the language that an individual uses for themselves. In addition to the term “intersex,” some advocates and providers use the term “intersex/variations in sex characteristics” or “I/VSC”, particularly in research and academic centers worldwide.
- Avoid pathologizing language such as “person with a disorder of sex development” unless a person with an intersex variation prefers you to use it.
- It is important for parents to know that in medical settings, providers will use nomenclature to describe a child’s specific variation and may use umbrella terms such as “difference (or disorder) of sex development (abbreviated as “DSD”) and will not typically use the term “intersex”. Parents of young children should inform providers of their preferred terminology until children can decide for themselves the language they find affirming.
- The term “hermaphrodite” is widely considered offensive and should not be used by those who do not have an intersex variation. When used by some members of the community, it constitutes an example of word reclamation, when a term previously used pejoratively to discriminate against a marginalized group is re-purposed by some in that community as a form of semantic empowerment - and is not to be used by those other than those with lived experience.

Core Practices when Asking About Intersex Conditions

In keeping with the terminology guidelines the [2025 HHS Report Advancing Health Equity for Intersex Individuals](#) (“HHS Report”)[6] recommends the following language from the National Academies of Science, Engineering and Medicine (NASEM, 2022) or the Pennsylvania Department of Health (2022) **when asking about Intersex conditions:**

- NASEM: “Have you ever been diagnosed by a medical doctor with an intersex condition or a ‘Difference of Sex Development’ or were you born with (or developed naturally in puberty) genitals, reproductive organs, and/or chromosomal patterns that do not fit standard definitions of male or female?”
- PA Dept. of Health: “Do you have an intersex condition (variation of sex characteristics / difference of sex development)?”

Given recent expression by advocates of preference for the terms “intersex variation” or “variation of sex characteristics” rather than “intersex condition”, a modified version of this question could be: “Do you have an intersex variation (variation of sex characteristics / difference of sex development)?”



Sources of Stigma and Trauma for Children and Youth with Intersex Conditions

While some variations of sex characteristics do require immediate medical attention at birth (for example if a child is born in an adrenal crisis), many do not. Children with some intersex variations have historically been subjected to “normalizing” surgeries that have been carried out “to conform a child’s sex characteristics to a single sex, not because they are medically necessary, but because of social and cultural expectations about how bodies should appear.”[7] Many of these irreversible, risky, and medically unnecessary procedures have been performed in infancy or early childhood before a child can assent or consent to them.

While parents/guardians do technically sign informed consents for these surgical interventions, they often do not have access to all the information required to make an informed decision, including information about complication/revision rates, unsatisfactory outcomes, parental surgical regret,[8] and lived experiences of individuals who have/have not undergone similar procedures.

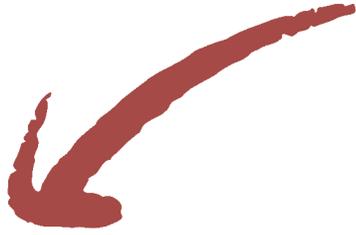
Medical professionals and decision-makers continue to advocate for medically unnecessary surgery related to intersex variations, due to the belief that children who grow up in bodies that others do not perceive as different or “abnormal” will reduce a child’s experience of social stigma. However, recent studies show they often have the opposite effect;[9] children with intersex variations who received these interventions often experienced feelings of being different due to the belief that their bodies were not acceptable as they were born. Further, many adults who as children underwent frequent medical monitoring, repeated genital exams, the need for follow up surgeries, and other challenges resulting from medical interventions related to their intersex variations[10] have shared these negative experiences in narratives and memoirs,[11] adding support to the potential stigmatizing impact of these interventions.

Consequences of Medically Unnecessary Surgeries on Intersex Infants and Children



The U.S. Department of Health and Human Services[13], the U.S. Department of State,[14] the United Nations Human Rights Council,[15] the American Academy of Family Physicians,[16] the American College of Physicians,[17] the 15th, 16th, and 17th U.S. Surgeons General,[18] the National Academies of Sciences, Engineering, and Medicine,[19] the World Health Organization[20] and the U.N. Special Rapporteur on Torture have noted the risks and consequences of deferrable, early surgeries on intersex infants and children who are unable to participate in decisions about their care. The U.S. Department of Health and Human Services has offered guidance that providers should “ensure all non-emergent care is guided by the express wishes of the intersex individual themselves.”[21] The New York City Department of Health urges providers to “try to delay such interventions until the child can be part of the decision-making process,”[22] and children’s hospitals in Boston[23] and Chicago[24] have pledged to stop performing some medically unnecessary surgeries on children with intersex variations.

Consequences of Medically Unnecessary Surgeries on Intersex Infants and Children



- Feelings of shame or depression
- Issues with trust and intimacy in relationships
Impact on future or potential
- fertility
Chronic pain
- Scarring
- Issues with bladder control
- Loss of sensation in genitals
- Loss of sexual function
- Mistrust of medical providers and healthcare avoidance
- leading to further health inequities



Behavioral Health Services for Children and Youth with Intersex Variations

Behavioral health providers can play a key role in improving the lives and well-being of children and youth with intersex variations.

Evidence* shows mental health outcomes for intersex people are improved by increasing family and parental acceptance, psychosocial support including peer support, age-appropriate, accurate information, and services provided in socially supportive, non-stigmatizing environments. Providers should consider and address the needs a child or youth may have as a result of their variation, including health, social, and learning needs.

*See professional literature list in the Resource Section at the end of this document for the evidence referenced here. A more extensive reference list of evidence-informed practices for serving individuals with intersex variations is provided in the [2025 HHS Reports Advancing Health Equity for Intersex Individuals](#) at pages 19-26.



Standards of Care for Intersex Children and Youth in Out of Home Care

- Ensure that placements are in a supportive and affirming environment “free from harassment, mistreatment, or abuse,”[28] including stigmatizing or shaming a child related to their intersex variations.
- Place children with families and other placement providers who:
 - Are “trained with the appropriate knowledge and skills to provide for the needs of the child”[29] related to their intersex variations as well as their gender identity, gender expression and sexual orientation. Culturally competent training should “reflect evidence, studies, and research about the impacts of rejection, discrimination, and stigma on the safety and wellbeing of LGBTQI+ children, and provide information for placement providers (including kin, foster homes, and other providers) about professional standards and recommended practices that promote the safety and wellbeing of LGBTQI+ children.”[30]
 - Can “facilitate the child’s access to age- or developmentally appropriate resources, services, and activities that support their health and well-being”[31] including providing the child with information, peer and community supports and physical, mental and behavioral healthcare and other resources affirming of their intersex variations.
- Ensure that child welfare agency employees and contractors who have responsibility for placing children in foster care, making placement decisions, or providing services are trained to appropriately implement these standards for children with intersex variations.
- Behavioral health services and supports should be trauma informed.
- Children should never be removed from their families because parents have declined medically unnecessary, nonconsensual surgeries for them related to their intersex variations.
- States, agencies and providers acting in loco parentis should not subject children to medically unnecessary, nonconsensual surgeries related to their intersex variations.
- Decisions about healthcare related to variations in sex characteristics for children and youth in out of home care should be guided by their expressed wishes.

Info

Many of these standards are based on requirements in the 2024 federal rule *Designated Placement Requirements Under Titles IV-E and IV-B for LGBTQI+ Children*[26] and/or based on recommendations from the 2025 Health and Human Services (HHS) Report.[27]

Working with Adolescents and Young Adults with Intersex Variations

Those working with adolescents and young adults should support their efforts in their transition to adulthood and achieving self-sufficiency, responsibility, and resilience. Supports can include helping youth identify their healthcare needs and participate in medical decision-making and

“as appropriate or requested...services or supports to assist intersex youth or young adults in increasing their readiness and competence to understand and articulate their own values and needs, develop healthy relationships,[32] cultivate personal resilience,[33] and explore any issues or concerns related to gender identity or expression, sexual orientation, body image, or experiences of trauma, bias, or discrimination.”[34] —

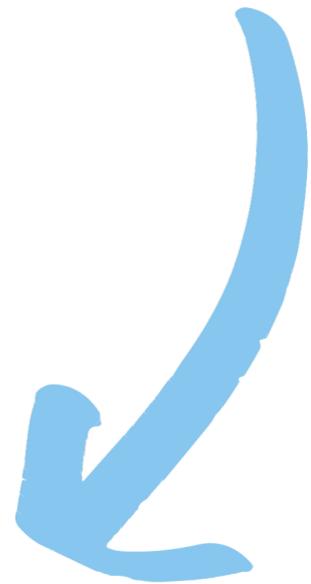
Behavioral health professionals should also support youth and young adults with intersex variations to access identity-affirming, age-appropriate mentoring programs, peer support groups including intersex-specific groups (a national peer support organization is cited in the resources section below if local organizations do not exist) and school-based gender and sexuality alliances when the youth/young adult demonstrates interest, as well as other welcoming community activities.



Meeting the Needs of Parents and Caregivers of Infants and Small Children with Intersex Variations

As noted in the [2025 HHS Report Advancing Health Equity for Intersex Individuals](#), “intersex variation is often identified in utero or at birth. New parents are often presented with unexpected and significant decisions with limited information.” Studies detailed in the HHS Report show that some current medical practices which can lead parents to feel rushed, stressed, and confused in making medical decisions for their children with intersex variations include:

- Encouraging treatment decisions based on societal views of sex and gender socialization even when interventions may lead to poor or unknown health outcomes
- Telling or suggesting to parents that delaying medically unnecessary care may lead to harm to their child, and overstating the risk of social stigma and potential “gender incongruence”
- Not discussing psychosocial treatment alternatives, including mental health and peer support to address stigma
- Assuming parents cannot cope with a child’s intersex variations
- Providing inadequate social supports
- Urging parents to conceal their child’s intersex status from the child



Needed supports to parents and caregivers of infants and young children with intersex variations

- Access to medically accurate information with repeated opportunities to ask questions of providers
- Psychosocial and peer support, including support of and connection with other parents and families with intersex children
- Encouragement to delay non-emergent interventions, preserving the child's ability to participate in decision-making about their care
- Helping parents support children with, and communicate with their children about, their intersex variations
- Assisting parents in addressing social or cultural stigma



Behavioral health providers can support children with intersex variations and their parents and caregivers as they proceed with medical decision-making.



- Has non-intervention been considered as an alternative to non-emergent medical procedures related to intersex variations?
- Have patients and their families been offered psychosocial interventions as an alternative to non-emergent medical procedures related to intersex variations?
- Have patients and their families been provided clear information about the potential long-term negative consequences of non-emergent medical procedures related to intersex variations, prior to consenting to the procedure?
- Have parents or caregivers of infants and young children with intersex variations been advised that they can wait to make decisions about non-emergent medical procedures related to a child's intersex variations until a child is old enough to assent or consent to the procedure? Is the patient able to drive the decision-making process themselves (including the option of electing to never have surgery)?[\[36\]](#)
- Have patients and their families spoken with other patients and their families who have elected to consent to a non-emergent medical procedure related to a specific intersex variation, as well as patients and families who elected NOT to consent to that procedure?
- Has the patient and their family been connected to an experienced intersex peer support network?

Some medical providers and hospitals have begun implementing some of these steps in their medical protocols. Behavioral health providers can offer these steps and help families take the time to duly consider them, even if they feel pressure from medical providers to carry out a non-emergent, medically unnecessary procedure related to a child's intersex variation quickly. This can help reduce the stress, fear, and worry that parents and caregivers in this situation frequently report.[37]

Family Support and Acceptance

Family acceptance of a child's intersex variation has been shown to reduce mental health distress and suicidal ideation for these children.[38]

Below we have summarized some supports young people with intersex variations have indicated they want from parents and family members, as outlined in interACT's brochure "What We Wish Our Parents Knew":[39]

Be open about intersex variations; do not require children to conceal them

- Allow children to guide disclosure of their intersex status to others and inform children if others have been told.
- Meet other parents of intersex kids and have your own support network; take time to cope with your feelings on your own and with the support of fellow parents of children with intersex variations.
- Ask questions and listen rather than making assumptions.
- Remember that while you may be affected by your child's intersex variation, the priority should be to be there for your child, including through sensitive words and actions.*
- Help children feel loved and special because of differences, not despite them.



Messages Continued...

- Don't tell children how to feel or compare them to others
- Don't keep secrets
- Provide information in manageable chunks
- Don't treat a diagnosis as something wrong or a burden, and don't subject children to pity.
- Keep siblings in the know and understand that a child with intersex variations may experience jealousy or sadness related to their siblings' experiences during puberty or ability to have children.
- "Empower me to decide who to tell, and to think about the pros and cons of disclosing. I don't want to tell someone and regret it later."
- "Be my advocate, especially if I'm too young to advocate for myself."
- "Ask me if it's okay to send pamphlets anonymously to my school. If they know they have an intersex student, they may be more sensitive."

Note

Parents and caregivers will frequently need support, that they often do not know they would likely benefit from, to respond to their intersex children with "sensitive words and actions".^[40] Parents should not rely on their children to provide support, processing space, or reassurance in coming to terms with the child's intersex variation.

Guidance Provided for Parents in interACT's "What We Wish Our Parents Knew" Regarding Relationships with Doctors

- "Give me the option of who I want to attend my appointments. I may want both of you there!
- "Sometimes I need to speak privately with a doctor. Look for those times and ask if you should leave.
- "Let me know what my rights are as a patient. If you don't know, then find out before putting me in an unsafe environment.
- "Don't let doctors treat me as a guinea pig; empower me to say 'no' to uncomfortable experiences including repeated examinations. Doctors are going to be very curious about my body.
- "I may not understand how multiple doctors examining me might affect me later.
- Empower me to say 'no' to uncomfortable experiences.
- "Genital exams are bad enough as an adult. Imagine how they must feel to a child!
- Help me feel as comfortable as you can about these exams.
- "Include me in the conversation with my doctor. Don't talk about me as if I am not there.
- "Be more informed about my options and offer insight about the effects it can have on my body. Be open to trying different options.
- "Don't let doctors pressure me into immediate action. Oftentimes no immediate action is needed.
- "Consult a diverse team of professionals and community members who can help us understand and cope with these experiences!"
-

Behavioral Health Best Practices



- Provide trauma-informed care in all care settings to avoid re-traumatization
- Prioritize the care of clients with intersex variations rather than their caregivers
 - Avoid unnecessarily invasive questions
 - Use terminology of people with variations in sex characteristics rather than pathologizing language
 - Respect confidentiality; only reveal information on sex assigned at birth and intersex variations on a need-to-know basis
- Include protections against discrimination based on intersex status or variations in sex characteristics and protection of privacy of intersex status in patient protection policies
 - Expand data collection and build evidence around healthcare for clients with intersex variations
 - Promote evidence-based and promising practices
 - Promote family acceptance
 - Increase access to competent and affirming mental health services
 - Partner with trusted intersex-affirming community-based and national organizations
 - Provide access to peer support, through trusted national organizations if local resources are unavailable
 - Include people with lived intersex experience in implementing this guidance

Intersex Youth and Therapy: From interACT's "What We Wish Our Therapists Knew [4 2]"

- "Emphasize self-advocacy and empowerment.
- "Educate yourself about medical and social aspects of being intersex.
- "Explore the positive aspects of being intersex. Many of us like our intersex bodies, our community, or have had other positive experiences because of being intersex.
- "We might have lasting physical problems and psychological distress because of things done without our permission.
- "We are often not told the truth. Honesty and openness are vital for us to develop a good relationship with any professional.
- "We might be looking for support for something unrelated to being intersex.
- "I wish more therapists understood that for me, being intersex doesn't define my gender identity, but it isn't totally separate from it either."



How Anti-Transgender Laws and Policies Impact People with Intersex Variations

Many of the state laws which prohibit access to transition-related healthcare for transgender minors[43] explicitly *promote and support* medically unnecessary, nonconsensual surgeries for children with intersex variations, writing anti-intersex language into law. Georgia's SB 180 law, for example, provides an exception from its ban on surgeries for minors "performed for altering primary or secondary sexual characteristics" for "individuals born with a medically verifiable disorder of sex development including individuals born with ambiguous genitalia or chromosomal abnormalities resulting in ambiguity regarding the individual's biological sex."

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You have these trans young people who are very confident in who they are ... and they're being actively denied affirming health care. Whereas intersex children do not get to consent about the surgeries that they have.[44]

”

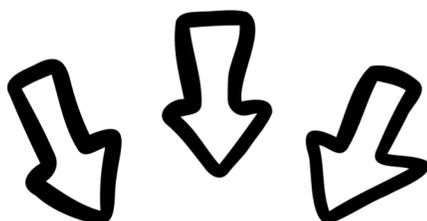
-Sean Saifa Wall, as quoted in *Morning Edition*, April 11, 2023

“

So you're saying that trans kids are too young to consent, but intersex kids aren't? How does that make sense?

”

-Bria Brown-King, director of engagement for the intersex rights group *InterACT*, as quoted in *PBS News*, March 23, 2023



“

[Executive Order 14168] attempts to erase the existence of transgender and intersex people in order to further the administration's own ideological agenda, which is grounded not in science but rather in a regressive and discriminatory worldview.

- *interACT, Trump's Executive Order Ignores Science to Push Discriminatory Agenda, January 21, 2025*

”



A January 20, 2025 Executive Order^[45] states “It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality. Under my direction, the Executive Branch will enforce all sex-protective laws to promote this reality...” This Executive Order endangers the health and well-being of people with intersex variations whose specific needs cannot be taken into consideration under the Executive Order, as well as undermines needed federal research on effective healthcare for this population.

Conclusion

Children and youth with intersex variations deserve care that honors their autonomy, affirms their identities, and protects them from harm. As behavioral health providers, we have the opportunity and responsibility to shift the narrative from shame and silence to dignity, voice, and choice. This means actively listening to individuals with intersex variations and their families, challenging medical and social norms that promote nonconsensual interventions, and advocating for trauma-informed, affirming care in every setting.

In your work, commit to using respectful and accurate language, integrating intersex-affirming practices into organizational policies, and building strong partnerships with peer-led support networks. Educate yourself continuously, speak up when you witness bias or misinformation, and center the lived experiences of people with intersex variations in your approach. Together, we can create a future where every child with intersex variations is celebrated, supported, and safe to grow into their full, authentic self.



Resources for Children and Youth with Intersex Variations and Their Families

- InterConnect support network: <https://interconnect.support/>
- New York City Department of Health and Mental Hygiene. (n.d.). *Intersex health*. NYC Health. <https://www.nyc.gov/site/doh/health/health-topics/intersex-health.page>
- interACT brochures:
 - *What We Wish Our Parents Knew*. <https://interactadvocates.org/wp-content/uploads/2024/07/BROCHURE- interACT-Parents-final-web-1.pdf>
 - *What We Wish Our Friends Knew*. <https://interactadvocates.org/wp-content/uploads/2024/07/BROCHURE- interACT-Friends-final-web-2.pdf>
- OII Europe, *Supporting Your Intersex Child: A parents' toolkit* (2018). <https://www.oiiEurope.org/supporting-your-intersex-child-a-parents-toolkit/>
- *Every Body* documentary feature (2023). <https://www.focusfeatures.com/every-body>
- U.S. Department of Health and Human Services, Office of the Assistant Secretary of Health, “Advancing Health Equity for Intersex Individuals” (2025). <https://interactadvocates.org/wp-content/uploads/2025/01/intersex-health-equity-report.pdf>
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Resources for Human Service Professionals

- U.S. Department of Education Office for Civil Rights' Supporting Intersex Students (2021). <https://www.ed.gov/sites/ed/files/about/offices/list/ocr/docs/ocr-factsheet-intersex-202110.pdf>
- U.S. Department of Health and Human Services Administration for Children and Families' U.S. Department of Health and Human Services, Administration for Children and Families Improving Services and Outcomes for Intersex Children and Adolescents and their Families (2025). <https://acf.gov/sites/default/files/documents/main/ACF-IOAS-IM-25-01.pdf>
- interACT's "Intersex 101" two-sided poster/handout (2024) <https://interactadvocates.org/wp-content/uploads/2024/02/Intersex-101-Handout-Double-Sided-Posters-2.pdf>
- interACT's Intersex Variations Glossary (2022). <https://interactadvocates.org/wp-content/uploads/2022/10/Intersex-Variations-Glossary.pdf>
- interACT brochures (<https://interactadvocates.org/intersex-brochures/>):
 - What We Wish Our Therapists Knew. <https://interactadvocates.org/wp-content/uploads/2023/10/What-We-Wish-Our-Therapists-Knew.pdf>
 - What We Wish Our Doctors Knew. <https://interactadvocates.org/wp-content/uploads/2024/07/BROCHURE-interACT-Doctors-final-web-2.pdf>
 - What We Wish Our Teachers Knew. <https://interactadvocates.org/wp-content/uploads/2024/07/BROCHURE-interACT-Teachers-final-1.pdf>
- interACT's Intersex Awareness Day (October 26) landing page. <https://interactadvocates.org/intersex-awareness-day/>
- The Trevor Project: Intersex Youth Mental Health Report (2021). <https://www.thetrevorproject.org/wp-content/uploads/2021/12/Intersex-Youth-Mental-Health-Report.pdf>

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- National Academies: Measuring Sex, Gender Identity, and Sexual Orientation, Ch. 7 Measuring Intersex/DSD Populations (2022). <https://nap.nationalacademies.org/read/26424/chapter/11>

Resources on Supportive Mental Health Care for Children and Youth with Intersex Variations

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<https://psycnet.apa.org/doiLanding?doi=10.1037%2Fsgd0000690>
- Skaggs C. & Wall S.S., Intersex Youth: A Call for Dignity in Mental Health Care, in Lester & O'Reilly (eds.), *The Palgrave Encyclopedia of Critical Perspectives on Mental Health* (2023). https://link.springer.com/referenceworkentry/10.1007/978-3-030-12852-4_95-1
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Footnotes

- [1] U.S. Department of Health and Human Services, Administration for Children and Families, Information Memorandum ACF-IOAS-IM-25-01 on “Improving Services and Outcomes for Intersex Children and Adolescents and their Families”, January 16, 2025, at page 1, available at <https://acf.gov/sites/default/files/documents/main/ACF-IOAS-IM-25-01.pdf> and <https://www.publicnow.com/view/A36C1B04830460705AAF07C8C184C7F1B70E0B92>
- [2] The Trevor Project. The Mental Health and Well-being of LGBTQ Youth who are Intersex (2021), available at: <https://www.thetrevorproject.org/wp-content/uploads/2021/12/Intersex-Youth-Mental-Health-Report.pdf>; Mandy Henningham & Tiffany Jones, Intersex students, sex-based relational learning & isolation, *Sex Educ.* 21:600 (2021); L. Zeeman & K. Aranda, A Systematic Review of the Health and Healthcare Inequalities for People with Intersex Variance, *Int'l J. Envir. Res. & Pub.Health* 17:6533 (2020); A. Rosenwohl-Mack et al., A national study on the physical and mental health of intersex adults in the U.S., *PLOS ONE* 15:e0240088 (2020); Tiffany Jones, The needs of students with intersex variations, *Sex Educ.* 16:602 (2016).
- [3] Human Rights Watch 2017. “I want to be like nature made me”: Medically unnecessary surgeries on intersex children in the US. New York, New York. Human Rights Watch, available at https://www.hrw.org/sites/default/files/report_pdf/lgbtintersex0717_web_0.pdf
- [4] Note that in this guidance we use the terms “variations in sex characteristics” and “intersex variations” interchangeably. See the sidebar on “Core Practices on Language” for a discussion on terminology.
- [5] U.S. Department of Health and Human Services, Office of the Assistant Secretary of Health, “Advancing Health Equity for Intersex Individuals” January 2025, available at <https://interactadvocates.org/wp-content/uploads/2025/01/intersex-health-equity-report.pdf>
- [6] *Ibid.*
- [7] *Ibid.* at page 5.
- [8] Roen, K. (2008). “But we have to do something”: Surgical ‘correction’ of atypical genitalia. *Body and Society*, 14(1), 47–66. <https://doi.org/10.1177/1357034X07087530>
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- [10] *Supra* note 3 at pages 6-7.
- [11] See eg. Long, Lynnell Stephani. “Still I Rise.” *Narrative Inquiry in Bioethics* 5, no. 2 (2015): 100-103. <https://dx.doi.org/10.1353/nib.2015.0048> and Pagonis, P. (with Soloway, J.). (2023). *Nobody needs to know: A memoir* (First edition.). ~~Topple Books/Little A.~~
- [12] Sources include *Supra* 3, 4 and citations in footnotes 14-20.
- [13] *Supra* note 5.
- [14] See, e.g., Remarks of Sec. Antony J. Blinken at the United Nations LGBTI Core Group Event (Sept. 19, 2022), <https://www.state.gov/secretary-antony-j-blinken-at-the-united-nations-lgbti-core-group-event/>.
- [15] U.N. Hum. Rts. Council (UNHRC), Res. 55. Combating discrimination, violence and harmful practices against intersex persons, 55th Sess. (Apr. 4, 2024) UN Doc A/HRC/55/L.9.
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Footnotes

[21] Supra note 4 at page 17.

[22] New York City Department of Health and Mental Hygiene. (n.d.). Intersex health. NYC Health. <https://www.nyc.gov/site/doh/health/health-topics/intersex-health.page>

[23] Dwyer, D. Report: Boston Children's Hospital is altering approach to certain intersex surgeries for kids boston.com Oct 21 2020, <https://www.boston.com/news/health/2020/10/22/boston-childrens-hospital-intersex-surgeries/>

[24] Neus, N. Major children's hospital apologizes for performing cosmetic genital surgeries on intersex infant, cnn.com July 29, 2020, <https://www.cnn.com/2020/07/29/health/intersex-surgeries-chicago-hospital/index.html>

[25] See professional literature list in the Resource Section at the end of this document for the evidence referenced here. A more extensive reference list of evidence-informed practices for serving individuals with intersex variations is provided in Supra note 4 at pages 19-26.

[26] See Designated Placement Requirements Under Titles IV-E and IV-B for LGBTQI+ Children, A Rule by the Children and Families Administration 89 Fed. Reg. 34818 (April 30, 2024) 45 C.F.R. § 1355.22, available at <https://www.federalregister.gov/documents/2024/04/30/2024-08982/designated-placement-requirements-under-titles-iv-e-and-iv-b-for-lgbtqi-children#:~:text=This%20rule%20finalizes%20requirements%20under,@acf.hhs.gov>

[27] Supra note 5

[28] Supra note 26 at 45 C.F.R. § 1355.22 (a)

[29] Supra note 26 at 45 C.F.R. § 1355.22 (b)(1)

[30] Ibid.

[31] Ibid.

[32] See, e.g., M.A. Marinus & M.A. Cense, A Life Course Perspective on the Sexual Development of Young Intersex People, *Healthcare* 12:239 (2024).

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[34] Supra note 1 at page 4.

[36] Supra note 12.

[37] Supra note 3.

[38] Schweizer, K., Brunner, F., Gedrose, B., Handford, C., & Richter-Appelt, H. (2016). Coping With Diverse Sex Development: Treatment Experiences and Psychosocial Support During Childhood and Adolescence and Adult Well-Being. *Journal of Pediatric Psychology*, jsw058. <https://doi.org/10.1093/jpepsy/jsw058>

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[40] See eg. Scranton, B. & Doherty, M. (2024). Project LISTEN: Foundations and Development of a Peer Empowerment Program for Caregivers of Children with Variations of Sex Characteristics. *Clinical Social Work Journal*. <https://doi.org/10.1007/s10615-024-00946-x>

[42] interACT, What We Wish Our Therapists Knew, available at <https://interactadvocates.org/wp-content/uploads/2023/10/What-We-Wish-Our-Therapists-Knew.pdf>

[43] As of March 6, 2025. See map at https://www.lgbtmap.org/equality-maps/healthcare/youth_medical_care_bans

[44] Sean Saifa Wall, as quoted in Morning Edition, April 11, 2023, at <https://www.npr.org/2023/04/11/1169194792/some-states-that-ban-gender-affirming-care-for-trans-youth-allow-intersex-surger>

[45] Executive Order 14168 of January 20, 2025